

**AES / GRANTS SPECIAL PROGRAMS
Unemployment Deferment Request**



Please complete all sections of this form. Your request may be denied if the form is not completed correctly.

Borrower Name _____ Account Number: _____

Address: _____ City _____ State _____ Zip Code _____

Telephone Number(____) _____ - _____ Alternate Telephone Number(____) _____ - _____

I meet the qualifications stated for Unemployment Deferment and request that AES defer repayment of my grant beginning ____/____/____, while I am unemployed. (Maximum eligibility is a single period not to exceed 12 months.)
MM DD YY

To document eligibility, the following must be completed:

- 1.) I became unemployed or began working less than 30 hours per week on ____/____/____. (MM-DD-YY)
- 2.) Check one: I registered with the following public or private employment agency:

(Please print or type. School placement offices and "temporary" agencies do not qualify.)

_____() _____ - _____
Name of Employment Agency Address (City, State, Zip) Telephone

I am not registered with an employment agency because there is not one within 50 miles of my permanent or temporary address

- 3.) My temporary address is (if applicable):

_____() _____ - _____
Street City, State, Zip Telephone

- 4.) In the last six months, I have made attempts to secure full-time employment at the following six firms (not required for the initial period of unemployment)

Name of Firm _____	Name of Firm _____	Name of Firm _____
Street _____	Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Contact Person _____	Contact Person _____	Contact Person _____
Telephone () _____ - _____	Telephone () _____ - _____	Telephone () _____ - _____

Name of Firm _____	Name of Firm _____	Name of Firm _____
Street _____	Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Contact Person _____	Contact Person _____	Contact Person _____
Telephone () _____ - _____	Telephone () _____ - _____	Telephone () _____ - _____

I understand that (1) my deferment will begin no more than six months before the date AES receives this request or the date the deferment condition began, whichever is later, (2) My deferment will last no longer than six months after the date AES receives this request; (3) AES will not grant this deferment request unless all applicable sections of this form are completed; and (4) Principal and interest payments will be deferred. Under the conditions of deferment, I understand that I may receive monthly interest accrual/capitalization statements, however, I am not required to pay the interest from the deferment period. At the end of this period, the accrued interest will be written off.

I certify that: (1) The information provided above is true and correct; (2) I will provide additional documentation, as required, to AES to support my continued deferment status; (3) I will notify AES immediately when the condition that qualified me for the deferment ends; and (4) I have read, understand, and meet the conditions of the deferment for which I have applied.

Borrower Signature _____ Date _____

Please return form to: American Education Services P.O. Box 2461 Harrisburg, PA 17105-2461